

Health Department, City of Baltimore.

Permit No.

1740

Office of Registrar of Vital Statistics.

Ward

12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Veronica

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Inf. Asylum

Cause of Death, { First (Primary), Second (Immediate), } Sec. Syphilis

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, July 28. 1887

Undertaker, John Bannon

J. J. Flannery

M. D.

Medical Attendant.

Place of Business, Division H Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 174 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Raphael Janello.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 0 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, +

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Inf. Asylum

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia & Diarrhoea

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, New Catholic Church

Date of Burial, July 28. 1887

Undertaker, John Barron J. J. Flannery M. D. Medical Attendant.

Place of Business, Division 4 Address, 1701 Dr. Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1742 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Corinna Truman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 84 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Charles Co Md

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, { Give Street and Number. } 1424 W. Baltimore

Cause of Death, { First (Primary), Second (Immediate), } senile atrophy due to age

Duration of Last Sickness, In two years & more

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, July 27

{ Undertaker, J B Cook } Truman F Hill M. D. Medical Attendant.

{ Place of Business, 1003 W. Baltimore } Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1743 Office of Registrar of Vital Statistics. Ward 3 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, James M. Lynn { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male { Cross out the word not required in this line. }

Age, 9 Years, 9 Months, Days

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore, Md. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 111 S. E. Street { Give Street and Number. }

Cause of Death, Cholera Infantum { First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Church

Date of Burial, July 27th 1887

{ Undertaker, Wm. S. Sager, Atty. Medical Attendant. M. D.

{ Place of Business, 229 S. Broadway Address, 111 S. E. Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Board of Health, City of Baltimore,

Permit No. A 1744 Office of Registrar of Vital Statistics. Ward 10²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th July 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Henry Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, _____ Years, _____ Months, 6 Days,

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } _____

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 325- W. Madison St.

Cause of Death, { First, (Primary), Meningitis Cerebrae }
{ Second, (Immediate), _____ }

Duration of Last Sickness, 36 hr

Place of Burial, Sharp St. Cem.

Date of Burial, July 27th 1889

{ Undertaker, Alex. Pennsley } Medical Attendant, Ref. J. Small M. D.,
{ Place of Business, 561 Orchard } Address, 219 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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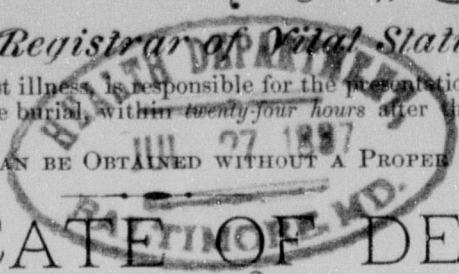
Health Department, City of Baltimore.

Permit No. A 1745 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 26th
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Bennett
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 1 Years, 4 Months, 4 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, _____
Birth Place, { State or country, and how long in the United States, if of foreign birth. } city
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, { Give Street and Number. } 537 Milton Place
Cause of Death, { First (Primary), Enterocolitis, Second (Immediate), _____ }
Duration of Last Sickness, 4 days
All the above information should be furnished by the Physician.
Place of Burial, London Park
Date of Burial, July 27th 1887
{ Undertaker, W. R. Myers M. D. H. H. Hill Medical Attendant.
Place of Business, 944 Milton Place Address, 1001 Edmondson Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No.

1746 Office of Registrar of Vital Statistics.

Ward

6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Gustav Cos (Eugene) Male

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balti city

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give Street and Number. }

918 N. Wolfe St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum

Colampscia

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial,

Most Holy Redeemer.

Date of Burial,

July 28 1887.

{ Undertaker,

Frank Croach.

{ Place of Business,

827 N. Durham St Address

Rohlfner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1747 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday July 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Man Rebeck

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, 6 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give Street and Number. } Old No 132 Chesapeake St

Cause of Death, { First (Primary), Second (Immediate), } Dentation
Convulsion

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 28 1887

Undertaker, Frank. Coach } E. F. Richard M. D.
Medical Attendant.

Place of Business, 827 N. Gough St Address, 2830 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1748 Office of Registrar of Vital Statistics.

Ward 6 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26/89

Full Name of Deceased, Charles Ben
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 8 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation,

Birth Place,
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, 414 Duncan Aly
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 27/89

Undertaker, Frank. Crach

Place of Business, 827 N. Duncan Aly

J. H. Hollenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 1749

Office of Registrar of Vital Statistics.

Ward

3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 27th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Jennie Buttner

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line.

Age,

Years,

Months,

21.

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number.

1802 E. Pratt St

Cause of Death,

{ First (Primary),

Second (Immediate),

Convulsions

Duration of Last Sickness,

About half day

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

July 28th 1887

Undertaker,

G. France

Place of Business,

Bank & Wolfe St

Address,

Camp & Co

J. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

John C. Dr. G. G. Inspector

[OVER.]